How to Interpret and Respond to CDC IRB Reports
A Guide to CDC Investigators

The purpose of this document is to provide guidance to CDC investigators on interpreting and responding to CDC IRB reports.

If after an IRB reviews a protocol action the primary reviewer determines that there are issues that need to be addressed prior to the IRB's approving the protocol, the reviewer will write a report that describes the actions that the IRB has taken and any action that the Board is requesting of the investigator prior to approval. The report is written in consultation with the IRB Chair or Co-chair, other IRB members, as needed, or the Human Subjects Activity in some instances.

The report format is designed to communicate to the CDC investigator the IRB's issues and concerns. The first section of the report, "General Comments and IRB Actions," tells the investigator exactly what action has been taken by the IRB. It states whether the protocol action was reviewed by the convened board or through the expedited review process. If the action was expedited, the report states under which research category(ies) it was expedited. (See 45 CFR 46.110(b)(1) and the list of research categories.) This section of the report also tells the investigator whether the action was approved pending receipt of satisfactory responses to the issues and concerns that will be outlined in the report; whether action was deferred and what should be done before the Board can reconsider the protocol; or whether the requested action was disapproved, with an explanation as to why and what substantive modifications will need to be made to the protocol before it may be resubmitted for IRB revew. (Note: Disapproval requires the action of the convened board; a primary reviewer may not disapprove an action through the expedited review process.) The determination of the level of risk will also be included here.

The "General Comments and IRB Actions" section also states whether the Board has approved (or may consider approving) any of the "big three" waivers, i.e., waiver of informed consent or assent (in accordance with 45 CFR 46.116(d) or 46.408(a)), waiver of documentation of informed consent (in accordance with 45 CFR 46.117(c)(1) or (2)), or waiver of parental permission (in accordance with 45 CFR 45.116(d) or 46.408(c)). If investigators need to further address issues regarding any of these waivers, this will be detailed under "Protocol Issues."

The remainder of the report is divided into three categories that address (1) protocol issues, (2) consent form issues, and (3) addenda issues (e.g., scripts, questionnaires, brochures, etc.) These categories are further subdivided as follows:

> *Response Required, Action Required*. These are issues for which the IRB requires (in accordance with 45 CFR 46) that investigators provide a written response and that they make the necessary revisions to the protocol, consent form, or other related documents before the protocol can be approved. If necessary, the IRB will include an explanation as to how the requested changes relate to the protection of human subjects, provide guidance, and/or provide examples of suggested revisions.

In responding to the IRB report, investigators should copy the IRB report into a wordprocessing document and insert the **boldfaced** or *italicized* text of their responses after each item. If the protocol, consent form, or other related documents are revised, please provide a copy that has ~~strikeout~~ to denote deletions and **boldface** or *italics* to indicate any new text that has been added. It is also helpful to the IRB members reviewing the response for the investigator to note in the response to the report the page numbers of any revisions that have been made to the protocol, consent forms, or other related documents. If the required action cannot be carried out or investigators do not wish to make the suggested changes, investigators must submit an acceptable explanation and/or justification in their response to the IRB.

Response Required, Action Optional. These are issues for which the IRB requires that investigators provide a written response, but for which approval is not contingent upon investigators' acceptance of the suggested changes. This section may include any "recommentations" or "suggestions" (rather than "requirements") that the Board believes will enhance the IRB's understanding of the study's purpose and/or design or may clarify issues for participants. Although the IRB is not requiring any action of the investigator (i.e., specific revisions to the protocol, consent forms, or other related documents), the investigator's response should indicate to the IRB that he/she has considered the scientific and ethical impact and consequences of the issues.

Of Note (for information only; no response or action required). These issues include minor comments such as notes of grammatical or typographical errors, errors in skip patterns in questionnaires, etc. Although the IRB is not requiring any response or action on the part of the investigators, these are generally issues the Board believes that if corrected would improve the overall written presentation of the protocol, but may not directly affect the human subjects involved in the research.

Also included as "of note" issues in the IRB report are any waivers of any of the required elements of informed consent (see 45 CFR 46.116(a)) or alterations of the informed consent process (other than the "big three" waivers) that the Board may grant at its discretion and without having received a specific request and justification from the investigator. If the protocol was reviewed by the convened board, the justification for granting these waivers and/or alterations will be documented in the minutes of the meeting. If the protocol was reviewed through the expedited review process, the justification will be included in the report to the investigators (as there would be no meeting minutes in which to document the Board's action).

Investigators are encouraged to submit responses to IRB reports that are as clear and concise as possible. Also, investigators should be sure to include with the submission of the response a version of the protocol, consent forms, or related documents that have been revised at the request of the IRB that includes ~~strikeout~~ and **boldface** or *italics* so that reviewers can easily find the

changes that have been made.

Investigators should submit responses to IRB reports electronically, if at all possible, to the Human Subjects Review - OD electronic mailbox on the CDC global address list (or at huma@cdc.gov). If it is necessary to submit parts of the response in hardcopy (e.g., recruitment materials), the response should indicate that hardcopy materials will follow. The materials should be forwarded to the respective board's IRB Administrator in the Human Subjects Activity at mailstop C25 and should be clearly marked with the CDC protocol number and a note that the materials being forwarded should be included as part of the response to the report.

Responses to IRB reports should be submitted within 90 days. Because of the volume of the workload in the Human Subjects Activity, the office may withdraw the protocol from the IRB review process and place the protocol in the inactive files and database if a response is not received within 90 days. Investigators would then need to resubmit the protocol for IRB review as a new protocol submission.

If investigators have questions about a report or wish to speak with the primary reviewer and/or chair prior to submission of the response, they may contact the respective board's IRB Administrator in the Human Subjects Activity at (404) 639-4500. The Administrator will answer any questions he/she can or may refer the investigator to the primary reviewer or chair if necessary. Investigators are asked to please not contact IRB members directly. Generally, members are glad to talk with investigators after they have had a chance to refresh their memory of the protocol and the issues that were included in the report.

Investigators may track the progress of their protocol submission through the Human Subjects Activity's database that can be accessed through the CDC intranet at http://158.111.239.11/adshsp/source/query.asp.